



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

JAMES WEISS, MD
3100 TIMMONS LANE
SUITE 250
HOUSTON, TX 77027

Carrier's Austin Representative Box

47

Respondent Name

TASB Risk Mgmt Fund

MFDR Date Received

March 28, 2011

MFDR Tracking Number

M4-11-2538-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary Dated March 28, 2011: "Carrier refuses to pay full amount due for services rendered even after a request for reconsideration was submitted."

Amount in Dispute: \$609.83

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary Dated April 14, 2011: "TASBRMF feels the bill was reimbursed according the Texas Workers Compensation Rules."

Response required from: TASB Risk Management Fund

SUMMARY OF FINDINGS

Disputed Dates	Disputed Services	Amount In Dispute	Amount Due
January 20, 2011	99204, 95861, 95900, 95903, 95904, A4556	\$609.83	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- Former 28 Texas Administrative Code, §133.307, 33 *Texas Register* 3954, applicable to requests filed on or after May 25, 2008, sets out the procedures for resolving medical fee disputes filed prior to June 1, 2012
- 28 Texas Administrative Code §134.203 sets out fee guidelines for professional medical services performed in an office setting
- The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of Benefits dated February 24, 2011
 - W1 – Worker's Compensation State Fee Schedule Adjustment
 - 97 – Note: Component Code:95900 Comprehensive code:95903 CCI explanation: More extensive procedure These procedures are either basically the same, or performed on the same site but are qualified by an increased level of complexity, the less extensive procedure (component only) is included

in the more extensive procedure (comprehensive doe). Applies to all lines with cpt code 95900. Payment is included in the allowance for another service/procedure

- 97–Payment is included in the allowance for another service/procedure. This service is global, integral, and/or a component of a primary procedure billed.

Explanation of Benefits dated March 16, 2011

- W1 – 193 Workers Compensation State Fee Schedule Adjustment. Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 97 – 193 Note: Component Code:95900 Comprehensive code:95903 CCI explanation: More extensive procedure These procedures are either basically the same, or performed on the same site but are qualified by an increased level of complexity, the less extensive procedure (component only) is included in the more extensive procedure (comprehensive code). Applies to all lines with cpt code 95900. Payment is included in the allowance for another service/procedure. Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- 97 – 193 Payment is included in the allowance for another service/procedure. This service is global, integral, and/or component of a primary procedure billed. Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Is 95900 separately payable?
2. Is A4556 separately payable?
3. Is the requestor entitled to additional reimbursement?

Findings

1. 28 Texas Administrative Code §134.20(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...”. Review of the medical bill finds that the requestor billed the disputed charge 95900 and 95904 on the same day. CCI Edit policy files found at www.cms.gov indicate that 95900 is a component procedure of 95904. Although 95900 is a component procedure of 95904, the requestor unbundled 95900 and submitted this service as a separate charge. The division concludes that 95900 is not separately payable and is included in the payment for 95904, no additional reimbursement can be recommended for 95900.
2. Application of CCI edits also finds that A4556 (electrodes) are items for which payment is bundled into payment for other services provided on January 20, 2011. The division concludes that A4556 is not separately payable.
3. The remaining services in dispute are therefore reviewed for payment. 28 Texas Administrative Code §134.203(c) states in pertinent part, “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83... Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.” The calculations of MAR for the payable services may be calculated by (TDI-DWC Conversion Factor / MEDICARE CONVERSION FACTOR) x Non-Facility Price = MAR

Code	MAR Calculation	Allowable
99204	(54.54/33.9764) x 159.80 for 1 unit	\$256.52
95861	(54.54/33.9764) x 131.43 for 1 unit	\$210.98
95900	Not separately payable	\$0.00
95903	(54.54/33.9764) x \$ 69.69 for 6 units	\$671.21
95904	(54.54/33.9764) x \$ 52.90 for 6 units	\$509.50
A4556	Not separately payable	\$0.00
Total Allowable		\$1,648.21

The total allowable for the disputed charges is \$1,648.21. The carrier paid \$1,648.23. No additional reimbursement can be recommended.

Conclusion

For the reason stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	February 19, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.